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	PLACE OF BIRTH ARIZ	0NA STATE BOARD OF HEALTH	
	District of Live	EAU OF VITAL STATISTICS. State Index No	·
	ORIGINA	L CERTIFICATE OF BIRTH. Co. Register No. 12	ر وسا
A	Town of City of	Local Registrar's No	
4	FULL NAME OF CHILDRANIE Thank	Alua Banda Born Y	
	FULL NAME OF CHILBUANI haydalma founds If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive		
	Sex of Temale Two. Child Temale Triplet or other	Number Legiti- Date of May 76 191	3
	Full Name FATHER BOUNDA	Full Month (Day) (yr.) Maiden MOTHER Name	
	Residence Rung Ranon.	Residence This Canon	
1	or Race Mexican Age at last 3.5 Birthday (Years	Color or Race Mexican Age at last Ho Birthday (Years)	<u> </u>
	Occupation	Birthplace Old Muxico.	
	Laborsi.	Occupation Housew-ile	_
	Number of child of this mother. Number of children, of this mother, now	living 3 Were precautions taken against Ophthalmia neonatorum? Yes	_
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*		
1	I hereby certify that I attended the birth of above child; and that it occurred on hereby 1913 atoly		
	When there is no attending physic- ian or midwife, then the householder should make this return.	(Signature) (Attending physician midwife, householder.)	٠.
}	Given or christian name added from a	Address Globs - arijona	
•	supplemental report191 Filed	131 1913 Bel 2 m	••
	421-536-339 Filed Q	1913 A True Copy COUNTY REGISTRAR.	